MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

04220

CERTIFICATE OF DEATH

Reg. Diat. No. 270

1. PLACE OF DEATH:

County: Durant

City or town: Owings Mills Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 hrs

Hospital, institution, or street address where death occurred:

St Edmond to McCready Memorial Hospital

How long in hospital or institution? 6 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Durant

City or town: Owings Mills Md Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Boby Barnes

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 11 43

8. AGE: Years | Months | Days | If less than one day: 6 hrs. ..... min.

9. Birthplace: Hospital McCready Memorial Hospital (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: Guy Hauck Barnes

13. Birthplace: Md

MOTHER

14. Maiden name: Jean Moore

15. Birthplace: Pennsylvania

16. Informant: Mrs. Guy Hauck Barnes

Address: Owings Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17 1943 (month) (day) (year)

Cemetery or crematory: Owings Cemetery Owings Mills Md

Location

18. Funeral director: Dale Drahmeier

Address: Owings Mills Md

19. April 12 1943 (Date rec'd by registrar) Eurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1943, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1943, to April 11 1943 and that I last saw h— alive on April 11 1943

Immediate cause of death	DURATION
Pneumonia, Bilat.	
abt 6 1/2 months	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy C Cullen M. D. or other

Address Owings Mills Md Date signed April 12 1943

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04221

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Somerset
City or town Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
The Edward W McCready Mem Hospital
How long in hospital or institution? 10 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Princess Anne Md Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Barnes

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Infant
6.(b) Name of husband or wife —
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) April 11 45

8. AGE:

Years	Months	Days	If less than one day
			10 hrs. ... min.

9. Birthplace Md. Crisfield Hospital
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name George Howeth Barnes
13. Birthplace Md

MOTHER
14. Maiden name Jean Moore
15. Birthplace Va.

16. Informant Mr George Howeth Barnes
Address Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12 45 (month) (day) (year)
Cemetery or crematory Presbyterian
Location Princess Anne Md
18. Funeral director Dale Bushnell
Address Princess Anne Md

19. 4/12 1945 (Date rec'd by registrar) Aurelia B. Lawson Deputy
E. E. Elliott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1945, at 8 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1945, to April 11 1945
and that I last saw her alive on April 11 1945

	DURATION
Immediate cause of death Premature Child	
Due to about 6 1/2 months	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE George A. Onellion M D
M. D. or other
Address Main St Md
Date signed Apr 12 45

(I)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (40)

04222

CERTIFICATE OF DEATH

Reg. Dist. No. 220

1. PLACE OF DEATH:
County Summit
City or town Confined 95.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: En Route to McCready Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 14
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Summit
City or town Kingsley Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR World War #1

3. (a) FULL NAME Levi Arthur Boulard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Evelyn Boulard
6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 14 1886

8. AGE:

Years	Months	Days	If less than one day
58	5	12	hrs. min.

9. Birthplace Belmont Co. Kingston Ohio
(Town, county, and state)
10. Usual occupation Farmer. Retired U S A army
11. Industry or business
FATHER 12. Name Levi E. P. Boulard
13. Birthplace Md. Belmont County
MOTHER 14. Maiden name Evelyn Haymaker
15. Birthplace Md. Belmont Co.
16. Informant Mrs Arthur Boulard
Address Kingston Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30-1945 (month) (day) (year)
Cemetery or crematory Arlington Cemetery
Location Arlington Virginia
18. Funeral director Holloway & Co. Walter K. Holloway
Address Salisbury Maryland
19. 4/27/45 (Date rec'd by registrar) 19 C. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1945, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1945, to April 27 1945, and that I last saw h alive on April 26 1945.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Cerebritis	2 weeks
Due to Adenocarcinoma of Colon	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Sigmoidoscopy & Colostomy
Peritonitis
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy S. Boulware M.D.
M. D. or other
Address Marion Ohio Date signed April 27 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-04

04223

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: So merset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33-3-11
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Bessie Olivia Douglas

3.(b) Social Security Number: 213-16-2373

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 3 1912

8. AGE: Years	Months	Days	If less than one day
33	3	11	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)

10. Usual occupation: Crabpicker

11. Industry or business: Seafood

FATHER
12. Name: Samuel Douglas
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Cora Sutton
15. Birthplace: Smith Island Md

16. Informant: Cora Douglas
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17 1945 (month) (day) (year)
Cemetery or crematory: Asbury cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. April 16 19 45 (Date rec'd by registrar) C. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 19 45 at 430 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 13 19 45 to April 17 19 45

and that I last saw her alive on April 13 19 45

Immediate cause of death	DURATION
Acute Cardiac Decompensation	
Due to: Chronic Myocarditis	
Due to: Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John A. Bradshaw M.D.
M. D. or other
Address: Crisfield Md Date signed Apr 16/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04224

Reg. Dist. No. 266

1. PLACE OF DEATH:
County: Somerset
City or town: Ewell Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Ewell
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Johnson Stewart Evans

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Mary Evans
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): May 20 1865

8. AGE: Years	Months	Days	If less than one day
79	10	18	hrs. min.

9. Birthplace: Smith Island, Somerset, Md (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business
FATHER 12. Name: Johnson Evans
13. Birthplace: Smith Island Md
MOTHER 14. Maiden name: Polly Tyler
15. Birthplace: Smith Island Md
16. Informant: Mrs. Mary Evans
Address: Ewell Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 11 1945 (month) (day) (year)
Cemetery or crematory: Ewell cemetery
Location: Smith Island Md
18. Funeral director: John A Broadstan
Address: Crisfield Md
19. April 11 1945 Carrie Kitching
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1945, at 12:25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1944, to April 8 1945
and that I last saw him alive on April 8 1945
Immediate cause of death: Chronic Valvular Heart Disease — DURATION
Carrie-Selvis, Senility
Due to:
Due to:
Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W F Seabold, M. D.
M. D. or other
Address: Ewell, Maryland Date signed 4-9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

04225

Reg. Dist. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Daisy Emily Howard

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: William Howard
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): 1879- ? - ?
8. AGE: Years: 66 Months: ? Days: ? If less than one day: ..... hrs. ..... min.
9. Birthplace: Smith Island, Somerset, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Evans
13. Birthplace: Smith Island Md

MOTHER
14. Maiden name: Emily Evans
15. Birthplace: Smith Island Md

16. Informant: Surwood Howard
Address: Crisfield Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Apr 6 1945 (month) (day) (year)
Cemetery or crematory: St Pauls cemetery
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 4/5 1945 (Date rec'd by registrar) Eurelia B. Lawson Deputy Registrar
E E Smullen M.D.

MEDICAL CERTIFICATION

7:20 P.M.

20. DATE OF DEATH: April 3 1945, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1945, to April 3 1945
and that I last saw h[illegible] alive on April 2 1945

	DURATION
Immediate cause of death: Acute dil of Heart	1 mute.
Uremia	
Due to:	
Due to: Chronic nephritis	2 years
Chronic myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Emmett A Smullen M D M. D. or other
Address: Crisfield Md Date signed April 5 45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04226

CERTIFICATE OF DEATH

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Eliz. McCa. Hospital - Crisfield Md.

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: William Christopher Johnson

3.(b) Social Security Number: 213-12-5675

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6.(b) Name of husband or wife: Eleanor Johnson

6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): June 5, 1906

8. AGE: Years	Months	Days	If less than one day
38	10	36 days	hrs. min.

9. Birthplace: Upper Fairmont Md
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: John Reed
13. Birthplace: Upper Fairmont Md

MOTHER
14. Maiden name: Annie Roberts
15. Birthplace: Upper Fairmont Md.

18. Informant: Eleanor Johnson
Address: Marion Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1 1945 (month) (day) (year)

Cemetery or crematory: Family Cemetery

Location: Marion Md

18. Funeral director: Geo W Selgmeier

Address: Marion Md

19. 4/30 1945 (Date received by registrar) Aurelia B Lawson Registrar
C.E. Collins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 1945 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1945 to April 27 1945 and that I last saw h— alive on April 21 1945

Immediate cause of death	DURATION
Acute Dil. Heart	
Due to Lobar Pneumonia	6 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo A Cullum Jr M.D. or other
Deputy

Address: Marion Md Date signed: April 28, 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

04227

CERTIFICATE OF DEATH

Reg. Dist. No. 365

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md / County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. F. D.

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: William H. Lawson

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): April 3, 1881

8. AGE: Years	Months	Days	If less than one day
64		15	..... hrs. ..... min.

9. Birthplace: Crisfield, Md.
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: self

FATHER — 12. Name: Charles W. Lawson

13. Birthplace: Md.

MOTHER — 14. Maiden name: Nancy Sterling

15. Birthplace: Md.

16. Informant: Ethel G. Gordy

Address: RFD Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/21/45 (month) (day) (year)

Cemetery or crematory: Family Burial Ground

Location: Crisfield, Md.

18. Funeral director: Howard H. Hubbard

Address: 306 Main St., Crisfield, Md.

19. 4/20/45 (Date rec'd by registrar) 19 C E Collins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18, 1945 12.30 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1945, to April 18 1945, and that I last saw h— alive on April 18 1945

Immediate cause of death	DURATION
Acute Dil. D. Heart	
Arrested	
Due to: Chronic Nephritis	
Due to: Chronic myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Joseph A. Goldsmith M.D.
M. D. or other

Address: Marion Md Date signed: April 20 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (26)

CERTIFICATE OF DEATH

04228

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Rual
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 47-1-22
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield RUAL
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Bulah Maddox

3.(b) Social Security Number: 217-05-2582

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: Edward Maddox
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mch 7 1898

8. AGE: Years	Months	Days	If less than one day
47	1	22	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Maryland (Town, county, and state)
10. Usual occupation: Crabpicker
11. Industry or business: Seafood

FATHER
12. Name: William Henry Sterling
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Almuria Adams
15. Birthplace: Oxford Md

16. Informant: Elisha Sterling
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2 1945 (month) (day) (year)
Cemetery or crematory: Asbury cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. May 1, 1945 C E Collins M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/29/45 at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1945 to April 29 1945 and that I last saw h.er alive on 4/23 1945

Immediate cause of death: Edema

DURATION
3/20/45 to 4/29/45

Due to: Mitral insufficiency

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. J. Barkley, M.D. M. D. or other
Address: Crisfield Date signed 5/1/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04229

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset

City or town Oriole, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Oriole Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Edgar L. Malone

3. (b) Social Security Number 218-05-8548

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Della Malone

6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) September 1, 1896

8. AGE: Years	Months	Days	If less than one day
59	7	1	hrs. min.

9. Birthplace Somerset County
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Malone
13. Birthplace Somerset County

MOTHER
14. Maiden name Sally Malone
15. Birthplace Somerset

16. Informant Mrs Nellie Malone
Address Oriole, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4, 1945 (month) (day) (year)

Cemetery or crematory Jr. O.A.M. Cemetery

Location Oriole, Maryland

18. Funeral director Dale Washbell

Address Princess Anne Md.

19. April 4 1945 (Date rec'd by registrar) Mrs Z. Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April March 2 19 45; at 4.00 P M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~

and that ~~I last saw him~~ alive on ~~19~~

Immediate cause of death	DURATION
Acute Coronary disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

HENRY M. BANKFORD, M.D. Deputy Medical Examiner for Somerset County

23. SIGNATURE Drew M. Lankford, M.D.
M. D. or other

Address Crisfield Md. Date signed 4-6-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04230

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 85 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Somerset

City or town: Crisfield md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Emma Smith

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	colored	widower

6.(b) Name of husband or wife: Samuel Smith

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 13 - 1860

8. AGE:

Years	Months	Days	If less than one day
85	2	26	hrs. min.

9. Birthplace: Crisfield Somerset Co Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER — 12. Name: Mr Evans

FATHER — 13. Birthplace

MOTHER — 14. Maiden name: Lenia Johnson

MOTHER — 15. Birthplace: Somerset Co md

16. Informant: Mrs William Odem

Address: 114 North fourth St Crisfield Md

17. (Burial, cremation, or removal. Which?) burial — Date thereof: 4/15/1945 (month) (day) (year)

Cemetery or crematory: Lawsonia

Location: Crisfield md.

18. Funeral director: Chas H Ward

Address: Marion Sta md.

19. 4/13/45 (Date rec'd by registrar) — C E Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/11 1945 at 8:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1945 to April 11 1945

and that I last saw h.. alive on April 10 1945

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4/6/45 - 4/11/45

Due to: Fracture of femur — 3/30/45 -

Due to:

Other conditions:

(Includo pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident — Date of: 3/30/45

Where did injury occur? Crisfield (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Fall on floor — Injured at work? No

23. SIGNATURE: W. J. Barkley M.D. M. D. or other

Address: Crisfield Md — Date signed: 4/12/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

14231

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Jefferson Swift

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Annie Swift
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Mch 8 1864

8. AGE: Years	Months	Days	If less than one day
81	1	19	hrs. min.

9. Birthplace: ? Somerset Maryland
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Frank Swift
13. Birthplace: Somerset County Md

MOTHER
14. Maiden name: Sarah Matthews
15. Birthplace: Somerset County Md

16. Informant: Mrs Fletcher Swift
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 29 1945 (month) (day) (year)
Cemetery or crematory: Mariners cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address

19. 4/28/45 (Date rec'd by registrar) 19 C E Collins M.D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1945, at 5.15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1945 to April 28 1945 and that I last saw h.. alive on April 28 1945

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. T. Schwalko M. D. or other
Address: Crisfield Date signed April 29 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)

04232

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
County: Somerset
City or town: Marion Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: William Roe Whittington

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Olive May
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): January 29, 1869

8. AGE: Years	Months	Days	If less than one day
76	2	3	hrs. min.

9. Birthplace: Somerset Co., Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business: Self

FATHER
12. Name: Robert H. Whittington
13. Birthplace: Md.

MOTHER
14. Maiden name: Levithia Lankford
15. Birthplace: Md.

16. Informant: R. Brice Whittington
Address: Marion Station, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/3/45 (month) (day) (year)
Cemetery or crematory: St Pauls
Location: Marion Station, Md.

18. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md.

19. 4/3 1945 Purelia P. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1, 1945 at 9 4 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 1943 to April 1 1945 and that I last saw h— alive on April 1 1945

Immediate cause of death: Uremia Due to Chronic Nephritis

	DURATION
Uremia	10 days
Due to Chronic Nephritis	
Chronic Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George E. Coulbourn M.D.
M. D. or other
Address: Marion Sta. Md. Date signed: Apl 2 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

04233 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Polk Road, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life Time
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Anna Jones Winder.

3.(b) Social Security Number: 219-07-6093

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	Married

6.(b) Name of husband or wife: Thomas Winder
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May - 6 - 1872

8. AGE: Years	Months	Days	If less than one day
72	11	20	hrs. min.

9. Birthplace Polk Road, Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Grayson Jones
13. Birthplace Somerset Co.
MOTHER 14. Maiden name Matilda Furness
15. Birthplace Somerset Co.
16. Informant Thomas Winder.
Address Polk Road, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/1/1945 (month) (day) (year)
Cemetery or crematory House Jacob
Location Chance, Md.
18. Funeral director William James & Son
Address Princess Anne, Md.
19. April 30 1945 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1945, at 6:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1944 to April 27th 1945 and that I last saw her alive on April 27 1945

Immediate cause of death — DURATION

Chronic Myocarditis — 18 months
Due to
Disease of the Myocardium
Due to
Other conditions Chronic Interstitial Nephritis — 8 months
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edgar G. Mauldin M. D. or other
Address Princess Anne, Md. Date signed Apr 30 1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15